

DYXnet Co-location Service One Time Access Authorization Form

| Information Contact | |
|---------------------|--------------------|
| Company Name: | _____ |
| Contact Person: | _____ Title: _____ |
| Contact Address: | _____ _____ |
| Telephone: | _____ Fax: _____ |
| Mobile/Pager: | _____ Email: _____ |

| Request For One Time Access Authorization | | | |
|---|---|------------------------|--------|
| Date of Expiry (yyyy-mm-dd) | Printed English Name on ID Card / Passport or name in Pinyin | ID Card / Passport No. | Remark |
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Note: Please note that the authorization will expire automatically when the visitor enter the data centre or pass the date of expiry.

Please return the completed form to helpdesk@dyxnet.com or FAX it to (852) 3152 5024. Should you have enquiries please call our Customer Service Centre at (852) 3152 2626.

| Customer Declaration | |
|--|--------------------------------------|
| <p>On behalf of _____, I approve that all people listed above are eligible to access all equipment which belongs to our company co-located in DYXnet's data center at the date listed for one-time only and it is agreed that DYXnet is not liable to any damages caused to our equipment due to the access to data centre by any of the people under the authorization given above.</p> <p>Accepted and confirmed by:</p> | |
| <p>_____</p> <p>Authorized Signature with Company Chop</p> | <p>_____</p> <p>Date(yyyy-mm-dd)</p> |

| Official use only | | | |
|--------------------|-------------------------|----------------|--|
| Customer ID: _____ | Site ID: _____ | Rack ID: _____ | |
| Received By: _____ | Date(yyyy-mm-dd): _____ | Remark: _____ | |